



**HEALTH PROFESSIONS EDUCATION
SCHOLARSHIP AND LOAN REPAYMENT PROGRAMS
GUIDELINES AND INSTRUCTIONS**

**PROGRAM
DESCRIPTIONS**

The purpose of the Health Professions Education Scholarship and the Loan Repayment Programs is to increase the number of dentists, dental hygienists, nurse practitioners, certified nurse midwives and physician assistants who are practicing direct patient care in medically underserved areas (MUA) of California. (Detailed information pertaining to medically underserved areas and facilities in California is available on the HPEF web site at <http://www.healthprofessions.ca.gov>.)

The Health Professions Education Scholarship Program is open to applicants who have been accepted to or are enrolled in a dentistry, dental hygienist, nurse practitioner, certified nurse midwifery, or physician assistant program.

The Health Professions Education Loan Repayment Program is open to graduates and students who will graduate from one of the programs listed above by June 2002.

**SCHOLARSHIP
(for student's only):**

The Health Professions Education Scholarship Program is open to applicants who have been accepted to or are enrolled in a dentistry, dental hygienist, nurse practitioner, certified nurse midwifery, or physician assistant program. Scholarship applications are accepted annually. Eligible applicants may receive up to \$10,000 per year. A student may apply for this scholarship for each academic year that he/she is enrolled in the above-noted programs and meets the eligibility requirements.

**Scholarship
Eligibility
Requirements**

The applicant must meet the following requirements:

- ❖ Be a U.S. citizen or permanent resident and a California resident.
- ❖ Be accepted to or enrolled in a dental, dental hygienist, nurse practitioner, certified nurse midwifery or physician assistant program within California.
- ❖ Be enrolled in at least 6.0 units for each semester/quarter that scholarship funds are being sought.
- ❖ Have and maintain a minimum 2.0 grade point average (GPA) for each semester/quarter for which funds are being sought.

Funding for the Health Professions Education Scholarship and Loan Repayment Programs is made possible through grants from The California Endowment and The California Wellness Foundation.

Scholarship Application Requirements

- ❖ Agree to practice in the specialty for which funds have been awarded in direct patient care for at least two consecutive years in a medically underserved area of California.
- ❖ Submit completed application packet, along with two photocopies of the entire completed application packet, by the final filing date.

The applicant must submit the completed application package, plus two photocopies of the entire completed application packet, by the due date. The completed application package consists of the following:

- ❖ The Health Professions Education Scholarship and Loan Repayment Application. Personal statements or autobiographies will not be accepted in lieu of the application. Please do not bind or submit applications in a loose-leaf binder.
- ❖ Three letters of recommendation. At least one of which should be from a faculty person and one should be from an organization where the applicant has performed community service. The letters must be on letterhead, dated, and signed within six months of the final filing date and must include a telephone number for verification.

Applications that do not include community service documentation (letter) will be accepted; however, absence of this documentation will reduce the likelihood of selection for a scholarship.

- ❖ Graduation Date Verification Form (page 3 of the application) with **original signature** of the program director or designee.
- ❖ Official college transcripts for at least the last two years. If you have been out of school for the last two years, submit your most recent transcripts. All official transcripts related to your degree should be provided. If the upcoming academic year is the first year you will be enrolled in a dental, dental hygiene, nurse practitioner, nurse midwifery, or physician assistant program, please submit official transcripts for your prerequisite course work.
- ❖ Final 2002-2003 Student Aid Report (SAR). Applicants should submit a copy of their final Student Aid Report that reflects the expected family contribution (EFC). Applicants should file a FAFSA prior to March 2nd in order to ensure that they have the SAR to file with their application. The FAFSA is available from all college financial aid offices and is also available on the Internet at <http://www.ed.gov/offices/OPE/express.html>. Applicants who do not

apply for financial aid must submit a complete copy of the 2001 Federal tax return including all Form 1099s and W-2s. State tax returns are not required and will not be accepted in lieu of federal tax returns.

**LOAN REPAYMENT
(for graduates only):**

The Health Professions Education Loan Repayment Program is authorized to repay governmental and commercial loans that were obtained for tuition expenses, books, equipment and reasonable living expenses associated with attending a dentistry, dental hygiene, nurse practitioner, certified nurse midwifery or physician assistant program.

In return for the loan repayment award, recipients are required to practice full-time in direct patient care in a designated medically underserved area of California or a county health facility for a minimum of two consecutive years.

The Health Professions Education Loan Repayment Program is authorized to repay up to \$20,000 in educational debt incurred during a dentistry, dental hygiene, nurse practitioner, certified nurse midwifery or physician assistant program. Loan repayment assistance is available to the practitioners listed who are currently employed in or who have a tentative offer of full-time employment in a medically underserved area of California. All applicants must graduate from one of the health professional programs listed above by June 2002.

**Loan Repayment
Eligibility
Requirements**

The applicant must meet the following requirements:

- ❖ Be a United States citizen or a permanent resident and a California resident.
- ❖ Agree to practice as a dentist, dental hygienist, nurse practitioner, certified nurse midwife or physician assistant in direct patient care for at least two consecutive years in a medically underserved area of California, and work a minimum of 32 hours per week.
- ❖ Have completed a dentist, dental hygienist, nurse practitioner, certified nurse midwife, or physician assistant program by June 2002. Applicant's graduating by June 2002 must have a verifiable offer of employment in a medically underserved area of California.
- ❖ Submit completed application packet, along with two photocopies of the entire completed application packet, by the final filing date.

Loan Repayment Application Requirements

The applicant must submit the completed application packet, plus two photocopies of the entire completed application packet, by the due date.

The completed application packet consists of the following:

- ❖ The Health Professions Education Scholarship and Loan Repayment Program Application. Personal statements or autobiographies will not be accepted in lieu of the application. Please do not bind or submit applications in a loose-leaf binder.
- ❖ Three letters of recommendation, at least one of which should be from a faculty person and one should be from an organization where the applicant has performed community service. The letters must be on letterhead, dated and signed within six months of the final filing date and must include a telephone number for verification.

Applications that do not include community service documentation (letter) will be accepted; however, absence of the information will reduce the likelihood of selection for loan repayment.
- ❖ Documentation (i.e., lender statement) of outstanding governmental student loans obtained during a dentistry, dental hygiene, nurse practitioner, certified nurse midwifery or physician assistant program.
- ❖ Employment Verification Form (page 4 of the application) with **original signature** of the immediate supervisor or the human resources officer.
- ❖ Official college transcripts with degree posted. Applicants who will not graduate before the application deadline must submit all transcripts available to date and must graduate by June 2002.
- ❖ Copy of the complete 2001 Federal tax return including all Form 1099s and W-2s. State tax returns are not required and will not be accepted in lieu of Federal tax returns.

SELECTION CRITERIA (for all applicants)

Selection of scholarship and loan repayment recipients is based solely on information contained in the application packet. Therefore, applicants should provide specific responses to the questions.

Criteria used in selecting recipients are:

- ❖ Community Background—family structure, area(s) where you grew up (e.g., rural, urban, suburban area; medically underserved area),

achievements, challenges, and adverse conditions;

- ❖ Community Involvement—documented volunteer service and activities particularly in a medically underserved area;
- ❖ Work Experience—direct patient care experiences in a medically underserved area;
- ❖ Career Goals—professional goals and plans for the next five to ten years;
- ❖ Need of the state for dentists, dental hygienists, nurse practitioners, certified nurse midwives or physician assistants (**applies to loan repayment applications only**);
- ❖ Academic Performance—prior and current academic performance and potential for future academic success (**applies to scholarship applicants only**); and
- ❖ Financial Need—actual or potential difficulty in completing education in the absence of financial assistance (scholarship applicants), and actual or potential difficulty in repayment of educational debt (loan repayment applicants).

Scholarship priority will be given to full and part-time students who will complete their degree requirements within the next two years.

Loan repayment priority will be given to graduates of the health programs noted who are already employed in a medically underserved area in California. Applicants graduating by June 2002 who have a verifiable offer of employment in a medically underserved area of California will be considered.

**CONDITIONS FOR
GRANTING A
SCHOLARSHIP OR
LOAN REPAYMENT
(for all applicants)**

All scholarship and loan repayment recipients must sign a contract with the California Office of Statewide Health Planning and Development. The contract requires the scholarship recipients, upon graduation, to practice full-time direct patient care in the specialty for which funds were awarded for a minimum of two consecutive years. For loan repayment recipients, the contract will require continued employment for at least two consecutive years in a medically underserved area of California.

All recipients will be required to repay any awarded funds, plus interest and administrative fees, if the contract terms are not fulfilled.

Definitions

Direct patient care means the provision of health care services directly to individuals treated for, or suspected of having a physical or mental illness. Direct patient care includes preventive care. The first line of supervision of direct care shall also be considered direct patient care.

Medically underserved area (MUA) or medically underserved population (MUP) means a facility or population meeting the specific criteria as set forth by the State of California, Office of Statewide Health Planning and Development and/or the U.S. Department of Health and Human Services.

Detailed information about medically underserved areas and facilities in California can be found on the HPEF web site at:

<http://www.healthprofessions.ca.gov>.

**APPLICATION FILING
DEADLINE
(for all applicants):**

Only complete applications received in the Foundation office by 5:00 p.m. on the filing deadline will be evaluated. Applications will not be accepted by postmark date.

MARCH 27, 2002

The Foundation will not notify applicants of any deficiencies. Applicants are urged to mail applications early and to contact the Foundation office at least 10 days prior to the final filing date to verify whether their application was received complete and accurate.

**WHERE TO OBTAIN
AND/OR SUBMIT
APPLICATIONS**

Application forms may be obtained from and should be submitted to:

Health Professions Education Foundation
1600 9th Street, Suite 436
Sacramento, CA 95814

**OTHER
PERTINENT
INFORMATION**

Applicants who have previously received a scholarship or loan repayment award are not guaranteed funding for a second year.

Due to limited funding, recipients who breach their contracts with the Foundation will not be allowed to apply for additional funding.

Applicants are encouraged to contact the Foundation office at (916) 653-0860 or (800) 773-1669 at least 10 days prior to the final filing date to verify whether their application was received complete and accurate. The Foundation will not place calls to request additional information or clarify any information provided.